Risk of Continued Opioid Use (COU)

New Directions Behavioral Health® is committed to working with participating physicians to improve the quality of care for members. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®). This bulletin provides information about a HEDIS measure concerning the importance of identifying members with a new episode of opioid use who are dispensed opioids for a period of time that puts them at an increased risk of continued use.

Literature suggests that long-term opioid use often begins with the treatment of acute pain, and a relationship exists between early prescribing patterns and long-term use of opioids.[1] Continued opioid use for noncancer pain is associated with increased risk of opioid use disorder, opioid-related overdose, hospitalization, and opioid overdose-related mortality.[2,3,4,5]
Studies find a consistent link between increasing days' supply of the first prescription with probability of continued opioid use, and the rate of opioid use at 1-year post-initial prescription increases substantially for patients with 31 or more days of opioid therapy.[1,6]
This measure is intended to identify a population that is at risk for opioid overuse and misuse who may benefit from additional monitoring, services, or support.

Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses the percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.

New episode of opioid use means a period of 180 days prior to a prescription dispensing date for an opioid medication when the member had no pharmacy claims for either new or refill prescriptions for an opioid medication.

Two rates are reported:

Members with at least 15 days of prescription opioids in a 30-day period.

Members with at least 31 days of prescription opioids in a 62-day period.

Measure does not apply to members with cancer, sickle cell disease, or receiving palliative care (hospice).

This measure does not include the following opioid medications:

- Injectables.
- Opioid cough and cold products.
- Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
- Ionsys® (fentanyl transdermal patch), because:

  - It is only for inpatient use.
  - It is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder.

You Can Help

- When prescribing opioids:
  - Use the lowest dosage of opioids for the shortest length of time possible.
  - Reference the CDC Guideline for Prescribing Opioids for Chronic Pain.
  - Track the total number of days in the calendar year that the member is prescribed opioids.
  - Establish and measure goals for pain and function.
  - Discuss risks with member of using multiple prescribers.
  - Discuss benefits and risks and availability of non-opioid therapies with the member
  - Review the member's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the member is receiving opioid dosages or dangerous combinations that put them at high risk for overdose and to check status of member prescribing habits.
  - Emphasize the importance of consistency and adherence to the medication regimen.
  - Advise the member and significant others of side effects of medications, and what to do if side effects are severe and can potentially result in lack of adherence to the treatment plan and medication regimen.
  - Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects etc.
- Establish follow-up appointments shortly after prescribing opioids and when adjustments are made to reassess the pain management plan.
- Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location and time of the appointment.
- Make sure that the member has appointments.
- Engage significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
- Appointment(s) should be with a healthcare provider and preferably with a licensed behavioral therapist and/or a psychiatrist.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Identify and address any barriers to member keeping appointment.
- Provide reminder calls to confirm appointment.
- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Providers should maintain appointment availability for members with opioid prescriptions.
- Care should be coordinated between providers. Encourage communication between the behavioral health providers and Primary Care Physician (PCP).
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.

New Directions is Here to Help

For providers calling New Directions -

If you need to refer a member or receive guidance on appropriate services, please call:

- New Directions Behavioral Health at (888) 611-6285
- Florida providers call (866) 730-5006

For providers directing members to call New Directions -

- Behavioral healthcare coordination and referrals 24 hours a day, call toll-free (800) 528-5763.
- Reach a substance use disorder clinician, call our member Hotline at (877) 326-2458.

or

New Directions' Substance Use Disorder Resource Center:
https://www.ndbh.com/Resources/SubstanceUseCenter

References:

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5. Paulozzi L.J., Kilbourne E.M., Shah N.G., Nolte K.B., Desai H.A., Landen M.G., Harvey W., and Loring L.D. (2012). A history of being prescribed controlled substances and risk of drug overdose death. Pain Medicine. 13(1): 87–95.
6. Shah A., Hayes C.J., and Martin B.C. (2017). Characteristics of initial prescription episodes and likelihood of long-term opioid use—United States, 2006–2015. *MMWR*. Morbidity and Mortality Weekly Report. 66(10): 265-269.
7. NCQA: Risk of Continued Opioid Use (COU) - NCQA